



# PIA ARKANSAS PARTNERSHIP

**COMPANY NAME:**

**CONTACT NAME:**

First Name

Last Name

**COMPANY MAILING ADDRESS:**

Street Address

Postal / Zip Code

City

State / Province

**EMAIL**

**PHONE**

**COMPANY WEBSITE:**

**I WOULD LIKE TO BE A PARTNER:**

PLATINUM \$10,000

CONVENTION EVENT EXCLUSIVE

SILVER \$5,000

CONVENTION SPONSORSHIP \$500, \$750, \$1,000

BRONZE \$3,000

YIP PARTNERSHIP \$1,000

PREMIUM \$1,500

METHOD OF PAYMENT:  CHECK

CREDIT CARD

(EMAIL ADDRESS FOR PAYMENT LINK)

**RETURN TO:**

Professional Insurance Agents of Arkansas

102 Country Club Parkway, Suite 201 / Maumelle, AR 72113

Questions? [staci@piaar.com](mailto:staci@piaar.com) / 501-225-1645